

FILED 25 APR '24 10:33 USDC-ORF

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Eugene DIVISION

Brandon C Glassman,

(Enter full name of plaintiff)

Plaintiff,

v.

Civil Case No. 6:24-cv-705 MK
(to be assigned by Clerk's Office)

Jury Trial Demanded

COMPLAINT FOR VIOLATION OF CIVIL
RIGHTS (PRISONER COMPLAINT)Bobbie France In official and Individual capacity
Tina Louik In official and Individual capacity

Mark Braun In official and Individual capacity

Michelle Duncan In official and Individual capacity

(Enter full name of ALL defendant(s))

Defendant(s).

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: ~~Brandon C Glassman~~ Brandon Glassman

Street Address: 1115 SE Jackson Street

City, State & Zip Code: Albany Oregon 97321

Telephone No.: ~~(503) 299-4952~~ (503) 299-4952

Defendant No. 1 Name: Mark Brown
Street Address: 1115 SE Jackson St
City, State & Zip Code: Albany Oregon 97321
Telephone No.: 541-967-3901

Defendant No. 2 Name: Michelle Duncan
Street Address: 1115 SE Jackson St
City, State & Zip Code: Albany Oregon 97321
Telephone No.: 541-967-3901

Defendant No. 3 Name: Tina Lovik
Street Address: 1115 SE Jackson St
City, State & Zip Code: Albany, Oregon 97321
Telephone No.: 541-967-3901

Defendant No. 4 Name: Bobbie Fance
Street Address: 1115 SE Jackson St
City, State & Zip Code: Albany, Oregon 97321
Telephone No.: 541-967-3901

II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

14th, 8th, and due process clause of 5th Amendments.
Americans with disabilities act.

III. STATEMENT OF CLAIMS

Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Mark Braun and Tina Lovik, have altered my medication and dosage to that of less than a therapeutic level, that was prescribed for me by a medical specialist in his treatment plan. Causing me severe physical, mental and emotional trauma, and being repeatedly brought to their attention make excuses "That's how we do it". By substituting their judgement for that of a medical specialist. Michelle Duncan is in charge of the Facility and has been made aware of the problem through me exhausting administrative remedies available to me, and she admits "Yes that's what they are doing and that's how they do things."

Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Mark Braun, Tina Lovik, Michelle Duncan are violating the Americans with disabilities act by altering my dosage and medication

prescribed to me by a medical specialist in their treatment plan, the dosage to that of a less than therapeutic level. And their extreme deliberate indifference to symptoms, physical, mental and emotional they are causing in denying me medical attention for the causes of their indifference.

Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Mark Braun, Tina Lovik, Michelle Duncan are violating my constitutional rights, by causing me extreme anxiety, sleeplessness, anger, the inability to deal with even the basics of the conduct of my affairs in an already stressful environment. Hypertension, and constant undue stress in denying me medical treatment for all the symptoms that are a direct cause of their indifference to my medical needs, my health, both physical and emotional as well as my well being and stability.

(If you have additional claims, describe them on another piece of paper, using the same outline.)

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No

V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

I want my prescription and dosage at the prescribed dosage of prescribed medication, and medical attention for all the symptoms that are caused by their actions. I want the money they have taken from me and continue to take from me for denial of medical attention. Reimbursed for medical expenses incurred to date for nothing. ~~\$500,000.00~~ \$500,000.00 punitive award to punish them. And any and all future medical expenses at cost for but not limited to, treatment, counseling, medications, Doctors visits associated with symptoms caused by them

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13th day of April, 2024.

Brandon Glassman
(Signature of Plaintiff)

Inmate Grievance Form

Date/Time received by Deputy: 3/6/24 @ 1835
 Receiving Deputy: 538

An inmate may file a grievance if the inmate believes that he/she has been subject to abuse, harassment, abridgement of civil rights or denied privileges specified in the "Inmate Handbook". A formal written grievance will only be accepted if an attempt was made to resolve the situation at the lowest level. Persons cannot be grieved, only incidents.

Date of Incident: 1/25/24 - 3/6/24 Time of Incident: 1:30 Every day Location: Linn County Jail

Names of Staff Involved: Tina Lovic (HMP) Provider/Docket, Dept Shepard (and all other staff who been watch us during med call)

Witnesses, if applicable: Cody Hildebrand, Jefferson Davis

Clearly Stated Facts of Incident:

Medical has altered my ongoing prescribed medication. Since being in custody of Linn County Jail, I have repeatedly asked to be put back on my prescribed dosage of Suboxone but given the excuse that they have phoned me at the maintenance dosage which in result has led to severe withdrawal symptoms, high level of stress, Anxiety, Anger and problem with conducting my daily routine, what medical is doing is not right and is breaking my constitutional rights as a United States Citizen. They show very low interest in righting these wrongs and take no accountability in these wrongfulness. I believe something needs to be done to put this matter of power to a stop and stop altering my treatment plan given to me by a medical professional. This has effected me dermatically and a great amount of problems due to the deliberate indifference I have been shown and the many rights that I have that have been blatantly broken with no regard to human life.

Inmates Printed Name: Brandon Gibson Inmates Signature: Brandon Gibson
 Receiving Supervisors Name: TINA LOVIC, RN, HES Assigned #: 24-007A
 Forwarded To: _____ Date: _____



LINN COUNTY SHERIFF'S OFFICE

Michelle Duncan, Sheriff

1115 Jackson Street SE, Albany, OR 97322

Phone: 541-967-3950

www.linnsheriff.org

MEMORANDUM

To: Glassman, Brandon

From: Tina Lovik, RN, HSD

Date: 3/7/24

Re: Grievance #24-004A

This grievance is invalid due to the initial date of the first incident. This date is outside the seven-day window. Per the facility handbook a grievance must be submitted within seven days of the incident.

You are currently on the prescribed dose of Subutex you came in on, per the medication administration record from the Marion County Jail. You are receiving 56 mg of Subutex per week, this is the same amount you were receiving before you came into our custody. The only difference is we are giving you 8mg per day, so you are more evenly dosed.

When an individual comes into the facility their medical care is handled by our physician. He writes the medication orders and oversees your care while you are in our facility.

This grievance is denied due to being invalid and because you are currently receiving the same weekly dose as you were receiving at Marion County.

Tina Lovik, RN, HSD

Tina Lovik HSD

LINN COUNTY SHERIFF'S OFFICE GRIEVANCE APPEAL

Grievance Appeal # 24-0048

Inmate's Name Glassman, Brandon SO# 409260 Housing # C222

Appeal Type (Check one) Regular ☒ Emergency, due to possible harm _____
(include in comments reason for emergency)

Level #1	Level #2
This appeal is to the jail commander.	This appeal is to the Sheriff.
Original grievance was dated <u>3/6/2024</u> .	Original grievance was dated _____.
	Appeal #2 handled by _____ & dated _____.

Reason why you think the grievance is not yet resolved:

My medication is still being altered from what my specialist put it at which is continuing to cause me severe comedown symptoms and with draws along with high levels of Anxiety, Anger and psychological pain. It is an on going problem everyday when I am given this changed milligram of Suboxone that has been going on since being here because your medical officials think its appropriate to alter my medication.

I gave this form to Frost 537

Date original grievance 3/6/24

Inmate Signature/date Brandon Glassman 3/6/24

Appeal logged by _____ DPSST _____ Date/Time _____

White- Inmate file

Yellow- Jail Commander


Pink-Inmate



LINN COUNTY SHERIFF'S OFFICE

Michelle Duncan, Sheriff
1115 Jackson Street SE, Albany, OR 97322
Phone: 541-967-3950
www.linnsheriff.org

MEMORANDUM

To: Brandon Glassman
From: Captain Slinger 
Date: March 11, 2024
Re: Grievance Appeal 24-004A

I have reviewed your original grievance and find the grievance should have been voided as it does not follow the grievance rules. You are grieving an incident that started in January, which is well outside the seven-day window to file your grievance.

I understand your concern about your medication. However, the dose you are currently taking while in our facility is the same 56 mg dose per week you were prescribed in the Marion County Jail, and it follows the prescribed dosage ordered by our doctor. The only difference between here and in Marion County is that here, you get your medication seven times a week, while in Marion County, it was only given to you three times a week. I talked with the nurses and reviewed the doctor's order, placing you on the prescribed dose. Since this dose has been doctor-approved, neither the nurse nor I will override our doctor's order and change your medication dose. This grievance is unfounded.

LINN COUNTY SHERIFF'S OFFICE GRIEVANCE APPEAL

Grievance Appeal # 24-1048

Inmate's Name Glassman, Brandon SO# 401260 Housing # 6222

Appeal Type (Check one) Regular ☒ Emergency, due to possible harm ____
(include in comments reason for emergency)

Level #1	Level #2
This appeal is to the jail commander.	This appeal is to the Sheriff.
Original grievance was dated _____.	Original grievance was dated <u>3/6/24</u> . Appeal #2 handled by <u>SB</u> & dated <u>3/12/24</u> .

Reason why you think the grievance is not yet resolved:

Because my medication is still being ^{Altered} even ^{every} single day from what my original prescriber had me on. It does not matter that the weekly amount is the same, the fact that it was altered at all is unacceptable and is causing me severe withdrawals and comedown symptoms. The doctor may not change an already in place prescription, I'm told this incident is outside the 7 day window yet this is happening EVERY SINGLE DAY

I gave this form to SHEPHERD Date original grievance 3/6/24

Inmate Signature/date Brandon Glassman

Appeal logged by SHEPHERD DPSST 45058 Date/Time 3-12-24 / 1431

White- Inmate file

Pink- Jail Commander

Yellow-Inmate



LINN COUNTY SHERIFF'S OFFICE

Michelle Duncan, Sheriff
1115 Jackson Street SE, Albany, OR 97322
Phone: 541-967-3950
www.linnsheriff.org

MEMORANDUM

To: AIC Brandon Glassman

From: Sheriff Michelle Duncan *(initials) 3/15/24*

Date: March 15, 2024

Re: Inmate Grievance regarding medication dosage #24-004A

I have reviewed all documents in this matter. Your claim is that our medical staff has "altered your treatment plan" that was given to you by a "medical professional" by changing your dosage of suboxone. You refer to this as a violation of your civil rights.

Our jail medical staff work with a doctor who has reviewed your medical file and prescribed the dosage you are currently on while in our facility. In fact, the amount of medication given in a week remains the same at 56mg and the only difference is how the doctor has prescribed this be administered throughout the week (daily versus three times per week). Again, this was done by a doctor who deemed this the best course of treatment going forward.

Although the original grievance did not adhere to the facility rules, both Health Services Director Lovik and Captain Slinger reviewed it, offered the proper explanation, and denied your request.

The doctor's prescription orders were based on your current medical needs and treatment and are not in violation of your constitutional rights.

This grievance is UNFOUNDED. I encourage you to continue to engage with the medical staff to meet your medical needs that may or may not include alternative treatments to the prescribed medication and dosage you are currently on.

Request #426709481**Profile Photo:****Audit Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 03/03/24 14:29
Submitted from Location/Room: C,222/C Block
Current Location/Room: B,212/B Block
Facility: Linn County Jail OR
MAC ID: CC:4B:73:EE:E8:E6
Device ID: CC4B73EEE8E6

Form Info

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by TINA LOVIK
Facility Deadline: 03/06/24 23:59

Summary of Request:

Suboxone

Details of Request:**What is your Medical request?:**

You guys have me at 8mg of suboxone which is changed from what my specialist had me at and it is causing me serve withdrawals such as hot and cold sweats, head and stomach aches, runny nose, short tempered, very angry, anxious and wanting to relapse often.

My specialist told me that over time while I'm becoming sober and taking this medication that it is likely needed to change the MG to a higher or lower dose depending on my side effects, with this being said I would like to be reviewed by the doctor to receive a higher dose

DATE/TIME	USER	ACTION	DETAILS
04/04/24 14:44	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 17:26	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 17:25	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 15:52	TINA LOVIK	Staff Response	You are on the maintenance dose prescribed by the dr.
03/05/24 15:52	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
03/05/24 13:36	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 13:36	BRANDON GLASSMAN	Viewed Staff Response	
03/04/24 14:04	BRANDON GLASSMAN	Viewed Staff Response	

DATE/TIME	USER	ACTION	DETAILS
03/04/24 14:04	BRANDON GLASSMAN	Viewed Staff Response	
03/04/24 14:04	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:29	BRANDON GLASSMAN	Submitted New	Suboxone

Request #417174891**Profile Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 01/30/24 12:18
Submitted from Location/Room: C,222/C Block
Current Location/Room: C,126A/C Block
Facility: Linn County Jail OR
MAC ID: CC:4B:73:EE:E8:E6
Device ID: CC4B73EEE8E6

Audit Photo:**Form Info**

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by TINA LOVIK
Facility Deadline: 02/02/24 23:59

Summary of Request:

Mg of suboxone

Details of Request:**What is your Medical request?:**

What is my mg of suboxone

DATE/TIME	USER	ACTION	DETAILS
03/03/24 14:15	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:15	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:15	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:27	BRANDON GLASSMAN	Viewed Staff	

DATE/TIME	USER	ACTION	DETAILS
		Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
02/01/24 13:51	TINA LOVIK	Staff Response	You are on 8 mg of suboxone.
02/01/24 13:51	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
01/30/24 12:18	BRANDON GLASSMAN	Submitted New	Mg of suboxone

Request #416511681**Profile Photo:****Audit Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 01/28/24 09:08
Submitted from Location/Room: D,235/D Block
Current Location/Room: B,212/B Block
Facility: Linn County Jail OR
MAC ID: D49CDD99A752
Device ID: D49CDD99A752

Form Info

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by TINA LOVIK
Facility Deadline: 01/31/24 23:59

Summary of Request:

Higher milligram of suboxone

Details of Request:**What is your Medical request?:**

my prescriber ideal options had me taking twenty four milligrams and i would like to take the same amount here at linn county jail

DATE/TIME	USER	ACTION	DETAILS
03/03/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:29	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	

DATE/TIME	USER	ACTION	DETAILS
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 11:39	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 11:39	BRANDON GLASSMAN	Viewed Staff Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:18	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:18	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:09	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:08	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:08	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 11:12	TINA LOVIK	Staff Response	The Dr. has reviewed your request and is you will remain on this does until it is time to reduce the dose to a maintenance dose. Marion County/Ideal options did not have you on 24mg every day.
01/30/24 11:12	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
01/30/24 11:11	TINA LOVIK	Changed Status	From 'Closed' to 'Open'
01/29/24 14:16	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 14:16	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 12:50	TINA LOVIK	Staff Response	This will be reviewed with the MD. While in the jail we typically provide a maintenance dose of suboxone.
01/29/24 12:50	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
01/28/24 09:08	BRANDON GLASSMAN	Submitted New	Higher milligram of suboxone

Request #418872691**Profile Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 02/05/24 11:54
Submitted from Location/Room: C,222/C Block
Current Location/Room: B,212/B Block
Facility: Linn County Jail OR
MAC ID: 10:2C:6B:8B:59:40
Device ID: 102C6B8B5940

Audit Photo:**Form Info**

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by TINA LOVIK
Facility Deadline: 02/08/24 23:59

Summary of Request:

Suboxone

Details of Request:**What is your Medical request?:**

"The Dr. has reviewed your request and is you will remain on this does until it is time to reduce the dose to a maintenance dose. Marion County/Ideal options did not have you on 24mg every day."

The above is the MD response for me asking for 24 mg of suboxone.it seems that I should be on a higher dose than the 8mg I am currently on, I say this because how would I "remain on this does until it is time to reduce the dose to a maintenance dose" if I'm being giving the 8mg maintenance already its seems the MD believes I'm on a higher dose if its planned to reduce my current dose to the "maintenance dose when it's time"

SOMEONE IS NOT DOING THERE JOB RIGHT AND THE APPROPRIATE ACTIONS WILL BE TAKEN TO HOLD PERSON OR PERSONS ACCOUNTABLE FOR THIS:)

DATE/TIME	USER	ACTION	DETAILS
03/03/24 14:11	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:11	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:18	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:18	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 13:21	TINA LOVIK	Staff Response	Noted.
02/05/24 13:21	TINA LOVIK	Changed Status	From 'Open' to 'Closed'

DATE/TIME	USER	ACTION	DETAILS
02/05/24 11:54	BRANDON GLASSMAN	Submitted New	Suboxone

Request #418233921**Profile Photo:****Audit Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 02/02/24 17:24
Submitted from Location/Room: C,222/C Block
Current Location/Room: C,126A/C Block
Facility: Linn County Jail OR
MAC ID: 10:2C:6B:8B:59:40
Device ID: 102C6B8B5940

Form Info

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by TINA LOVIK
Facility Deadline: 02/05/24 23:59

Summary of Request:

Higher MG of suboxone

Details of Request:**What is your Medical request?:**

I want 16mg of suboxone like ideal options had me on

DATE/TIME	USER	ACTION	DETAILS
04/11/24 14:42	BRANDON GLASSMAN	Viewed Staff Response	
04/04/24 14:43	BRANDON GLASSMAN	Viewed Staff Response	
04/04/24 14:43	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:11	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:10	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:10	BRANDON GLASSMAN	Viewed Staff Response	

DATE/TIME	USER	ACTION	DETAILS
02/06/24 14:17	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 13:15	TINA LOVIK	Staff Response	This is a duplicate kite, read previous kite.
02/05/24 13:15	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
02/02/24 17:24	BRANDON GLASSMAN	Submitted New	Higher MG of suboxone

Request #427087501**Profile Photo:****Audit Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 03/04/24 17:24
Submitted from Location/Room: C,222/C Block
Current Location/Room: C,126A/C Block
Facility: Linn County Jail OR
MAC ID: CC:4B:73:EE:E8:E6
Device ID: CC4B73EEE8E6

Form Info

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by Kortnie Jazmin
Facility Deadline: 03/07/24 23:59

Summary of Request:

Doctors request

Details of Request:**What is your Medical request?:**

Doctors appi need to see the MD about my anxiety

DATE/TIME	USER	ACTION	DETAILS
03/05/24 13:35	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 13:35	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 06:29	Kortnie Jazmin	Staff Response	Scheduled.
03/05/24 06:29	Kortnie Jazmin	Changed Status	From 'Open' to 'Closed'
03/04/24 17:24	BRANDON GLASSMAN	Submitted New	Doctors request

Request #432529941**Profile Photo:****Audit Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 03/22/24 15:59
Submitted from Location/Room: C,222/C Block
Current Location/Room: C,126A/C Block
Facility: Linn County Jail OR
MAC ID: CC:4B:73:EE:E8:E6
Device ID: CC4B73EEE8E6

Form Info

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by Kortnie Jazmin
Facility Deadline: 03/25/24 23:59

Summary of Request:

Meds

Details of Request:**What is your Medical request?:**

May I please get IPU for headache and shoulder pain

DATE/TIME	USER	ACTION	DETAILS
03/26/24 09:26	BRANDON GLASSMAN	Viewed Staff Response	
03/26/24 09:26	BRANDON GLASSMAN	Viewed Staff Response	
03/24/24 18:34	Kortnie Jazmin	Staff Response	Already addressed. Closing kite.
03/24/24 18:34	Kortnie Jazmin	Changed Status	From 'Pending' to 'Closed'
03/24/24 14:08	BRANDON GLASSMAN	Viewed Staff Response	
03/23/24 06:16	Daniel Nelson	Staff Response	Do you have a history of GI Bleed or Ulcers?
03/23/24 06:16	Daniel Nelson	Changed Status	From 'Open' to 'Pending'
03/22/24 15:59	BRANDON GLASSMAN	Submitted New	Meds

Request #416393521**Profile Photo:****Audit Photo:****Inmate Info**

Name: BRANDON GLASSMAN (2002-06-14)
Booking Number: 409260
Submitted Date: 01/27/24 14:34
Submitted from Location/Room: D,235/D Block
Current Location/Room: C,126A/C Block
Facility: Linn County Jail OR
MAC ID: D49CDD99A752
Device ID: D49CDD99A752

Form Info

Category: Medical
Form: Medical Request

Request Info

Status: CLOSED by Angela Burger
Facility Deadline: 01/30/24 23:59

Summary of Request:

Put onto ibuprofen/Tylenol for my headaches and shoulder pain

Details of Request:**What is your Medical request?:**

Put onto ibuprofen/Tylenol for my headaches and shoulder pain

DATE/TIME	USER	ACTION	DETAILS
01/28/24 08:55	BRANDON GLASSMAN	Viewed Staff Response	
01/28/24 08:55	BRANDON GLASSMAN	Viewed Staff Response	
01/27/24 15:26	Angela Burger	Staff Response	This will be on the med cart for you
01/27/24 15:26	Angela Burger	Changed Status	From 'Open' to 'Closed'
01/27/24 14:34	BRANDON GLASSMAN	Submitted New	Put onto ibuprofen/Tylenol for my headaches and shoulder pain

RELEASE MEDICATION**PHONE:** 800-882-6337**FROM:** 5L - LINN COUNTY JAIL
(DRUG ROOM)
1115 S.E. JACKSON STREET
ALBANY, OR 97322

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PHONE: 541-812-9216**SUBMITTED BY:** NELSON, DANIEL**SPECIAL INSTRUCTIONS:****Order ID:** 35044398

5L - LINN COUNTY JAIL
(DRUG ROOM)
1115 S.E. JACKSON STREET
ALBANY, OR 97322

NAME: GLASSMAN, BRANDON CHARLES**MRN:** 409260**ADDRESS:****DOB:** 06/14/2002**ALLERGIES:** NO KNOWN DRUG ALLERGY**PROBLEMS:****ORDER TYPE:** Standard**Buprenorph/Nalox8/2mg Tab (SUBOXONE)****QUANTITY:** *3.0000***PLACE 1 TABLET(S) UNDER THE TONGUE IN THE EVENING****WRITTEN:** 01/25/24**REFILLS:**

0

Order ID: 35044398**Signature:****START:** 01/25/24**NPI:** 1902072101**DEA X#:**

BRAUN, MARK A

DEA: FB2576772

(DRUG ROOM)

1115 S.E. JACKSON STREET
ALBANY, OR 97322

Option 1. Prescriber must manually sign this hard-copy and fax to the pharmacy. Hard-copy must then be presented to backup pharmacy before releasing medication.
Option 2. Check this box ☐ if the prescriber is not available to sign this hard-copy BUT the authorizing prescriber phoned the backup directly to request an emergency supply of medications (this supply must be followed by hard-copy to the backup pharmacy within 7 days.)
If Options 1 or 2 are not met, the pharmacy will reject this fax as being incomplete

This prescription will be filled generically unless prescriber writes "D.A.W." or "DISPENSE AS WRITTEN" on prescription



Included security features:

Quantity denoted with a * border, signature line is micro font text, this description

faxed
1/25/24
①

Problem List

Name: GLASSMAN, BRANDON SO#: 409260 DOB: 6-14-02Allergies: NKDA

Medical & Mental Health Diagnosis

7.21.22 EMESISDIARRHEABODY ACHES8.3.22 ZOLOFT MDD ANX. DISORD8/5/22 HEADACHE8.15.22 PAIN01/23/24 OPICAT ADDICTED1/27/24 HA3/13/24 PTSD3/22/24 Congestion3/24/24 PAIN4.15.24 SUBUTEX USE

Prescriptions & Treatment

PROMETHAZINELOPERAMIDEIBUPROFENZOLOFTTYLENOLIBUSUBOXONEAcetaminophenProzac (4.9.24)MuonexibuprofenFIBER

Outside Physician's Contact Info.

Miscellaneous

HP 8-10-22PE - 2/14/24

USE BLACK BALL POINT PEN

**LINN COUNTY JAIL
PHYSICIAN'S ORDERS**

[illegible]

Patient Name _____ Physician _____

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL PHYSICIAN'S ORDERS

DATE 3/24/24	TIME	NAME GLASSMAN, BRANDON	1
1. ibuprofen 400 mg Give $\dot{\div}$ PO TID PRN x 14 days v/o Dr. Prendergast / K.J. PRN			
CHECKED MAR 24 2024 K			
PER KITE REQUEST - \emptyset hx ulcers/GI bleed per PT.			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.			
DATE 3/25/24	TIME	NAME Glassman, Brandon	2
Renewed $\textcircled{1}$ Buprenorphine 8mg po, sublingual daily @ 1400 v/o Braun			
DEA PB25716772 QUANTITY: # 30 \emptyset refills			
NOTED 3/24/24 K.J. PRN			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.			
DATE 4/8/24	TIME	NAME Brandon Glassman	3
1.) DC. Praxos 2.) Risperdal 1mg po qHS J.B. Weir			
NOTED via Dr. 4.8.24			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.			
DATE 4-9-24	TIME	NAME Glassman, Brandon	4
Renewed $\textcircled{1}$ Acetaminophen 325mg Take 2 tabs po, TID PRN v/o Braun			
NOTED 4/9/24 K.J. PRN			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.			

Patient Name

Physician

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL PHYSICIAN'S ORDERS

DATE	2.28.24	TIME	NAME	GLASSMAN, BRANDON	1
<p>① D/C SUBOXONE 8/2mg Δ TO</p> <p>② BUPRENORPHINE 8mg TAB GIVE 1 TAB SL QD</p> <p>V/O DR. M. BRAUN / Klonow</p> <p>DEA: FB2576772</p>					
<p>Angela Burger LPN/EMT 2/28/24</p> <p><input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.</p>					
DATE	3/13/24	TIME	NAME	Brandon Glassman	2
<p>1) Praxosin 1mg po q 12h</p> <p>phewman</p>					
<p>Angela Burger LPN/EMT 3/13/24</p> <p><input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.</p>					
DATE	3-18-24	TIME	NAME	GLASSMAN, BRANDON	3
<p>Renew:</p> <p>1. ACETAMINOPHEN 325 mg TID po TID PRN FOR HA x 30 DAYS.</p> <p>V/O DR BRAUN / K</p>					
<p>Angela Burger LPN/EMT 3/18/24</p> <p><input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.</p>					
DATE	3/22/24	TIME	NAME	GLASSMAN, BRANDON	4
<p>1. GRX Mucinex ER 600mg Give 1 po BID PRN x 5 days</p> <p>V/O Dr. Mark Braun / K, RN</p>					
Bobbie France, LPN					
<p>PER KITE REQUEST</p> <p><input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.</p>					

Patient Name GLASSMAN, BRANDON Physician _____

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL PHYSICIAN'S ORDERS

DATE 01/25/24	TIME 1419	NAME Glassman, Brandon C.	1
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① SUBOXONE 8/24 TAB, Give it PO/SL QID (CRUSH)

V/O Dr. Mark Braun

DEA: FB2576772 QUANTITY: 30 TABS

② SUBOXONE 8/24 TAB, Give it PO QID (Release meds)

V/O Dr. Mark Braun

DEA: FB2576772 QUANTITY: 30 TABS

Noted
1-26-24

Bobbie France, LPN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 1-27-24	TIME	NAME Glassman, Brandon	2
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1. Acetaminophen 325mg 2 tabs, po, TID, PRN
Ex HA

V/O Braun

Shonkan 1-27-24

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 2-20-24	TIME	NAME GLASEMAN, BRANDON	3
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RENEWAL

① ACETAMINOPHEN 325 MG TABS GIVE IT TABS PO TID PRN X 30 DAYS

V/O DR. M. BRAUN / Shonkan

Noted 2-20-24 K. J. PRN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 2-20-24	TIME	NAME GLASEMAN, BRANDON	4
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RENEWAL

① BUPRENORPH/NALOX 8/24 TABS

Place it TAB SL @ 1400

V/O DR. M. BRAUN / Shonkan

DEA FB 2576772

Noted 2-20-24 K. J. PRN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name GLASEMAN, BRANDON Physician M. BRAUN

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL PHYSICIAN'S ORDERS

DATE 8-22-22	TIME	NAME GLASSMAN, BRANDON	1
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① IBU 400 MG TABS GIVE IT TABS PO TID PRN X 7 DAYS
V/O DR. M. BRAUN / T. LONK RN

Noted by LACE RN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8/23/22	TIME	NAME	2
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① Accucheck

② Weekly weight

Noted by LACE RN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8-29-22	TIME	NAME GLASSMAN, BRANDON	3
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① ACETAMINOPHEN 134 400 MG TABS: GIVE IT TABS PO TID PRN X 14 DAYS
V/O DR. M. BRAUN / T. LONK RN

NOTED SML/MIC

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8-30-22	TIME	NAME GLASSMAN, BRANDON	4
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RENEWAL

① ACETAMINOPHEN 325 MG TABS GIVE IT TABS PO TID PRN X 30 DAYS
V/O DR. M. BRAUN / T. LONK RN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name GLASSMAN, BRANDON Physician BRAUN

8/31/22

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL PHYSICIAN'S ORDERS

DATE 7.21.22 TIME 1500 NAME GLASSMAN, BRANDON 1

1. PROMETHAZINE 25mg PO TID x 2 DAYS.
2. LOPERAMIDE 2mg PO TID x 2 DAYS.
3. IBUPROFEN 400mg PO TID PRN FOR BODYACHES x 14 DAYS.

V/O DR. M. BRAUN / K

Noted by L. Rice, RN



☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8/3/22 TIME NAME Brandon Glassman 2

- 1.) Zolof 50mg po tid
- for new mood

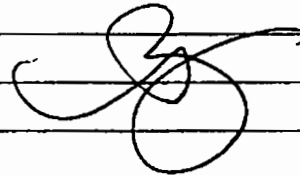
NOTED J. L. RICE, RN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8/5/22 TIME NAME 3

- TYLENOL 325 mg ii tabs po TID PRN x 30 DAYS
- V/O DR. M. BRAUN / L. RICE, RN

Noted J. L. Rice, RN



☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8.15.22 TIME 2000 NAME GLASSMAN, BRANDON 4

PER PT REQUEST:

1. IBUPROFEN 400 mg PO TID PRN x 7 DAYS.

V/O DR. BRAUN / K

NOTED J. L. RICE, RN

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name GLASSMAN, BRANDON

Physician BRAUN

N/A

Linn County Sheriff's Office - Medical Department

Name: GLASSMAN, BRANDON Date: 3-24-24 Tech: K 578

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bill	Gluc
CLEAR POODR	STRAW										
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
HCG	KOH	Wet Mount	Strep	Hemocult	Urine Drug Screen						
									<input type="radio"/> AMP <input checked="" type="radio"/> BUP <input type="radio"/> COC <input type="radio"/> MET <input type="radio"/> OPI300 <input type="radio"/> PPX	<input type="radio"/> BAR <input type="radio"/> BZO <input type="radio"/> MDMA <input type="radio"/> MTD <input type="radio"/> Oxy <input type="radio"/> THC	

Linn County Sheriff's Office - Medical Department

Name: Date: Tech:

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bill	Gluc
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
HCG	KOH	Wet Mount	Strep	Hemocult	Urine Drug Screen						
									<input type="radio"/> AMP <input type="radio"/> BUP <input type="radio"/> COC <input type="radio"/> MET <input type="radio"/> OPI300 <input type="radio"/> PPX	<input type="radio"/> BAR <input type="radio"/> BZO <input type="radio"/> MDMA <input type="radio"/> MTD <input type="radio"/> Oxy <input type="radio"/> THC	

Linn County Sheriff's Office - Medical Department

Name: Date: Tech:

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bill	Gluc
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
HCG	KOH	Wet Mount	Strep	Hemocult	Urine Drug Screen						
									<input type="radio"/> AMP <input type="radio"/> BUP <input type="radio"/> COC <input type="radio"/> MET <input type="radio"/> OPI300 <input type="radio"/> PPX	<input type="radio"/> BAR <input type="radio"/> BZO <input type="radio"/> MDMA <input type="radio"/> MTD <input type="radio"/> Oxy <input type="radio"/> THC	

Linn County Sheriff's Office - Medical Department

Name: Date: Tech:

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bill	Gluc
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
HCG	KOH	Wet Mount	Strep	Hemocult	Urine Drug Screen						
									<input type="radio"/> AMP <input type="radio"/> BUP <input type="radio"/> COC <input type="radio"/> MET <input type="radio"/> OPI300 <input type="radio"/> PPX	<input type="radio"/> BAR <input type="radio"/> BZO <input type="radio"/> MDMA <input type="radio"/> MTD <input type="radio"/> Oxy <input type="radio"/> THC	

Medication: _____

PERMANENT MEDICAL HISTORY RECORD

SIGNIFICANT ILLNESS/INJURY/DIAGNOSIS

Description	Approximate Date	Comments	Confirmed? (init.)
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NKDA

PT ABLE TO CHRONICALLY DISLOCATE @ SHOULDER
 NO TBI/SKULL FX AGE 4

SURGICAL HISTORY

Description	Approximate Date	Comments	Confirmed? (init.)
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CONFIRMED MEDICAL PROVIDERS

Name	City/State	Contact Info.	Confirmed? (init.)
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Date	PHYSICAL EXAM	WORKER STATUS	Comments
3-18-21	Full or Update	Approved or Denied	Comments: RIT SHOULDER : 681 CHART #1
3-10-22	Full or Update	Approved or Denied	Comments: PENDING MD Rvw SHOULDER 578
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:
	Full or Update	Approved or Denied	Comments:

INMATE NAME GLASSMAN, BRANDON C 6-14-02 SO# 409260

(This form is to be transferred to all future charts for this patient.)

COVID-19 Test

Patient ID: glassman
Date: 18/Aug/2022
Time: 08:52

COVID-19: Negative
Procedural control valid

Lot number: 1071740
Test ID: 4e457a9f-67c2-4c
8d-a5b6-5a0a319bb74f
User ID: tina
Instrument serial number: B3CDDC1C

ID NOW

COVID-19 Test

Patient ID: glassman
Date: 23/Aug/2022
Time: 08:58

COVID-19: Negative
Procedural control valid

Lot number: M187854
Test ID: 41d6a83a-9d5f-4f
1a-915e-80a7838aab4d
User ID: savanna
Instrument serial number: B3CDDC1C

ID NOW

LINN COUNTY DEPARTEMENT OF HEALTH SERVICES

JAIL MENTAL HEALTH CONSULTATION

Date: 4/15/2024	Time: 3:10 pm	AIC: Brandon Glassman	DOB: 6/14/2002
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Reason for Referral: KYTE from AIC.

History and Current Presentation: Mr. Glassman states that he is feeling anxiety over not knowing the status of his case and he is requesting to know what is going on with his case. I reminded Mr. Glassman that I am a therapist and that I don't know any legal status. I recommended that he call his attorney. I then redirected Mr. Glassman to discuss his anxiety. We talked about coping strategies such as activity sheets and reading books. We also talked about exercising in his cell which he agreed to try.

RECOMMENDATIONS FOR FOLLOW UP

Disposition/Plan: Activity pages sent to his cell. Mr. Glassman will also practice his coping skills discussed in today's session to alleviate his anxiety.

- ☒ Continue medication management with Ben
☐ Schedule with mental health for follow up

- | | | | |
|--|---|---|---------------------------------|
| <input type="checkbox"/> Camera Cell | <input type="checkbox"/> Regular Tray | <input type="checkbox"/> 1 hour | <input type="checkbox"/> ADPC |
| <input type="checkbox"/> Razor Restriction | <input type="checkbox"/> Double Bunk | <input type="checkbox"/> 15 min | <input type="checkbox"/> Escort |
| <input type="checkbox"/> Suicide Smock | <input type="checkbox"/> Single bunk | <input type="checkbox"/> 30 min | <input type="checkbox"/> HRO |
| <input type="checkbox"/> Suicide Blanket | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Regular Bed Roll | <input type="checkbox"/> MHAP |
| <input type="checkbox"/> Mattress | <input type="checkbox"/> Intake | <input type="checkbox"/> No hygiene in cell | |
| <input type="checkbox"/> Close obs. | <input checked="" type="checkbox"/> General Pop | <input checked="" type="checkbox"/> Books | |
| <input type="checkbox"/> Safety Tray | <input type="checkbox"/> Suicide Watch | <input type="checkbox"/> [] no headphones | |

Mental Status Exam (MSE)

- Weight:** ☒ Proportional ☐ Underweight ☐ Overweight
- Activity Level:** ☒ Normal/Calm ☐ Slowed ☐ Agitated
☐ Hyperactive
- Appearance:** ☒ Age appropriate ☐ Bizarre/Inappropriate ☐ Disheveled
☐ Malodorous ☐ Meticulous
- Attitude:** ☒ Cooperative ☐ Guarded ☐ Passive/withdrawn ☐ Hostile
☐ Restless ☐ Flirtatious ☐ Fearful ☐ Belligerent
- Emotional State:** ☒ Appropriate ☐ Angry ☐ Irritable ☒ Anxious ☐ Apathetic
☐ Depressed ☐ Euphoric ☐ Fearful ☐ Suspicious ☐ Euthymic
☐ Dysphoric ☐ Elevated ☐ Grandiose ☐ Happy

LINN COUNTY DEPARTEMENT OF HEALTH SERVICES JAIL MENTAL HEALTH CONSULTATION

Intellectual Functioning: ☒ Age appropriate ☐ Impaired ☐ Unknown

Intensity of affect: ☒ Normal ☐ Blunted ☐ Flat
☐ Expansive ☐ Labile

Memory: ☐ Intact ☐ Impaired Short Term
☐ Unknown ☐ Impaired Long Term

Orientation: ☐ Disoriented to time ☐ Disoriented to place ☒ No Concerns (Ox4)
☐ Disoriented to person ☐ Disoriented to circumstance

Reasoning and Judgement: ☒ Age appropriate ☐ Impaired ☐ Unknown

Abstraction: ☒ Age appropriate ☐ Impaired ☐ Unknown

Speech and Thought

Process: ☒ Organized ☐ Flight of ideas ☐ Evasive ☐ Incoherent
☐ Latency of response ☐ Perseveration ☐ Pressured
☐ Tangential

Unusual Thoughts or Perceptual Abnormalities/Hallucinations (Per Client Report): none disclosed by client

Suicidal Ideation: ☒ None ☐ Thoughts ☐ Intent ☐ Plan ☐ Means
☐ Previous Attempts ☐ Family History of Suicide

Comments: denies suicidal ideation

Homicidal Ideation: ☒ None ☐ Thoughts ☐ Intent ☐ Plan

Comments: denies

Non-Suicidal Self Injury: ☒ None ☐ Thoughts ☐ Intent ☐ Plan

Drug Use: Fentanyl, methamphetamine, cannabis

Diagnosis: Opioid Use Disorder, Stimulant Use Disorder, Cannabis Use Disorder, ADHD

Clinicians Name: Rachelle Spindler LPC, CADCI

Date/Time: 4/15/2024 at 4:00 pm

Name: GLASSMAN, BRANDON DOB: 6-14-02 Date: 4-8-24Allergies: NKPA**Mental Status:**

Appearance: Well-Groomed ☐ Casual ☒ Inapprop ☐ Bizarre ☐ Malodor ☐

Attitude: Cooperative ☐ Guarded ☒ Uncoop ☐ Belligerent ☐

Motor Activity: Calm ☐ Restless ☒ Hyper ☐ Agitated ☐

Affect: Appropriate ☐ Labile ☐ Expansive ☒ Constricted ☐ Blunted ☐ Flat ☐

Mood: Euthymic ☐ Depressed ☒ Anxious ☒ Cycling ☐

Speech: Normal ☒ Delayed ☐ Soft ☐ Loud ☐ Rapid ☐ Slurred ☐

Thought Process: Intact ☐ Circumsp ☒ Tangential ☐ Loose ☐ Flighty ☐

Thought Content: No Halluc ☒ Auditory ☐ Visual ☐ Paranoia ☐ Delusions ☐ Grand ☐

Suicidal: None ☒ Ideas ☐ Plan ☐ Means ☐

Homicidal Ideation: None ☒ Ideas ☐ Plan ☐ Means ☐

Orientation: Person ☒ Place ☒ Time ☐ Gen Info ☐

Cognitive Fx intact: Spelling ☐ No ☐ Simple Calcs ☐ No ☐

Memory: Intact ☐ **Impaired:** Immed ☐ Recent ☐ Remote ☐

Judgment: Intact ☐ **Impaired:** Minim ☐ Moderate ☐ Severe ☐

Insight: Intact ☐ **Impaired:** Minim ☐ Moderate ☐ Severe ☐

Executive Functioning: Intact ☐ **Impaired:** Plan ☐ Organize ☐ Sequence ☐ Abstract ☐

Dx: PTSD Plan: add Risperdal 1mg po qHS
DC Praxosin

S/O: "That other med (praxosin) didn't do anything. You don't seem to know what you're doing." Asking for "Sevognal."

Signature: J. Ben Newman

J. Ben Newman PMHNP

LINN COUNTY CORRECTIONAL FACILITY

INFORMED CONSENT FOR PSYCHOTROPIC MEDICATION

NAME Glassman, Brenda DATE 4/8/24 SO# 409260


☒ I have been informed of the possible side effects, potential risks, and benefits of the medication(s) listed. I have also been made aware of alternative treatment options.

Medication(s)

Risperidone

I clearly understand that I have the right at any time to refuse any psychotropic medication.

Inmate Signature



Date

4-8-24

Witness Signature

Date

Name: GLASSMAN, BRANDON DOB: 6-14-2002 Date: 3-13-24Allergies: NKDA**Mental Status:**

Appearance: Well-Groomed ☐ Casual ☒ Inapprop ☐ Bizarre ☐ Malodor ☐

Attitude: Cooperative ☐ Guarded ☒ Uncoop ☐ Belligerent ☐

Motor Activity: Calm ☒ Restless ☐ Hyper ☐ Agitated ☐

Affect: Appropriate ☒ Labile ☐ Expansive ☐ Constricted ☐ Blunted ☐ Flat ☐

Mood: Euthymic ☐ Depressed ☐ Anxious ☒ Cycling ☐

Speech: Normal ☒ Delayed ☐ Soft ☐ Loud ☐ Rapid ☐ Slurred ☐

Thought Process: Intact ☒ Circumst ☐ Tangential ☐ Loose ☐ Flighty ☐

Thought Content: No Halluc ☒ Auditory ☐ Visual ☐ Paranoia ☐ Delusions ☐ Grand ☐

Suicidal: None ☒ Ideas ☐ Plan ☐ Means ☐

Homicidal Ideation: None ☒ Ideas ☐ Plan ☐ Means ☐

Orientation: Person ☒ Place ☒ Time ☐ Gen Info ☐

Cognitive Fx intact: Spelling ☐ No ☐ Simple Calcs ☐ No ☐

Memory: Intact ☐ **Impaired:** Immed ☐ Recent ☐ Remote ☐

Judgment: Intact ☐ **Impaired:** Minim ☐ Moderate ☐ Severe ☐

Insight: Intact ☐ **Impaired:** Minim ☐ Moderate ☐ Severe ☐

Executive Functioning: Intact ☐ **Impaired:** Plan ☐ Organize ☐ Sequence ☐ Abstract ☐

Dx: PTSD Plan: Prozac 1mg po qhsS/O: Reports anxiety, sleeplessness, nightmares.Signature: J. Ben Newman
J. Ben Newman PMHNP

LINN COUNTY CORRECTIONAL FACILITY

INFORMED CONSENT FOR PSYCHOTROPIC MEDICATION

NAME Glassman, Brandon DATE 3/13/24 SO# 409260

☒ I have been informed of the possible side effects, potential risks, and benefits of the medication(s) listed. I have also been made aware of alternative treatment options.

Medication(s)

PRazosin

I clearly understand that I have the right at any time to refuse any psychotropic medication.

Inmate Signature Brandon Glassman Date _____

Witness Signature [Signature] Date 3/13/24

Handwritten: 9/8/22

DEPARTMENT OF HEALTH SERVICES JAIL CONSULTATION SUMMARY

DATE:	August 15, 2022	TIME:	7am
ADULT IN CUSTODY (AIC):	Brandon Glassman	DOB:	6-14-02

STAFF REQUESTING CONSULT:	<input checked="" type="checkbox"/> NURSE	<input type="checkbox"/> DEPUTY	<input type="checkbox"/> OTHER
URGENCY RATING:	<input checked="" type="checkbox"/> URGENT	<input type="checkbox"/> ROUTINE	

REASON FOR CONSULT AND/OR INMATE'S CONCERNS:

SW#3; MMSE; no restrictions return to general population.

PERTINENT BACKGROUND INFORMATION:

Ct states that he has been down in E block all weekend and it was getting to be too much. Ct shared he was going through Heroin withdrawals and the only way to get him out of this block and being bothered by other's threats was to say he is suicidal. Ct shared that he doesn't want to kill himself he really would like to return to housing to hopefully eventually get over to privilege housing.

OBSERVATIONS/ASSESSMENTS (MMSE)

1)	POSTURE-	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Limp	<input type="checkbox"/> Rigid
Click or tap here to enter text.				
2)	GAIT-	<input checked="" type="checkbox"/> Unimpaired	<input type="checkbox"/> Impaired	
Click or tap here to enter text.				
3)	GROOMING-	<input checked="" type="checkbox"/> Appropriately Groomed <input type="checkbox"/> Unshaven <input type="checkbox"/> Disheveled <input type="checkbox"/> Older than stated age <input type="checkbox"/> Underweight	<input checked="" type="checkbox"/> Appropriately Dressed <input type="checkbox"/> Body piercing/tattoo <input type="checkbox"/> Body odor <input type="checkbox"/> Younger than stated age <input type="checkbox"/> Overweight	<input type="checkbox"/> Meticulous <input type="checkbox"/> Poor personal hygiene <input type="checkbox"/> Bizarre <input type="checkbox"/> Average weight <input type="checkbox"/> Frail
Click or tap here to enter text.				
4)	MOTOR ACTIVITY-	<input checked="" type="checkbox"/> Calm <input type="checkbox"/> Peculiar mannerisms <input type="checkbox"/> Tremors/tics	<input type="checkbox"/> Slow/lethargic <input type="checkbox"/> Jittery <input type="checkbox"/> Restless legs	<input type="checkbox"/> Psychomotor retardation <input type="checkbox"/> Restless/hyperactive/fidgety <input type="checkbox"/> Agitated/tense
Click or tap here to enter text.				
5)	SPEECH-	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Unintelligible	<input type="checkbox"/> Pressured <input type="checkbox"/> Stuttering <input type="checkbox"/> Soft <input type="checkbox"/> Mute	<input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling <input type="checkbox"/> Mumbled <input type="checkbox"/> Word salad

Click or tap here to enter text.			
6)	EYE CONTACT-	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avoidant <input type="checkbox"/> Fixed	<input type="checkbox"/> Fair <input type="checkbox"/> Stares blankly <input type="checkbox"/> Fleeting <input type="checkbox"/> Poor <input type="checkbox"/> Hyper-vigilant
Click or tap here to enter text.			
7)	FACIAL EXPRESSIONS-	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Tense jaw <input type="checkbox"/> Grimaces
Click or tap here to enter text.			
8)	ATTITUDE-	<input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Suspicious <input type="checkbox"/> Aggressive	<input type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Pleasant <input type="checkbox"/> Guarded <input type="checkbox"/> Hostile <input type="checkbox"/> No acute distress <input type="checkbox"/> Flirtatious <input type="checkbox"/> Demanding <input type="checkbox"/> Fearful
Click or tap here to enter text.			
9)	AFFECT-	<input type="checkbox"/> Full range <input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Blunted <input type="checkbox"/> Labile <input type="checkbox"/> Incongruent
Click or tap here to enter text.			
10)	MOOD-	<input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Ambivalent <input type="checkbox"/> Bored <input type="checkbox"/> Helpless <input type="checkbox"/> Grieving <input type="checkbox"/> Irritable <input type="checkbox"/> Grandiose	<input type="checkbox"/> Euthymic <input type="checkbox"/> Apathetic <input type="checkbox"/> Dysphoric <input type="checkbox"/> Worthless <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Manic <input type="checkbox"/> Euphoric <input type="checkbox"/> Somber <input type="checkbox"/> Hopeless <input type="checkbox"/> Useless <input type="checkbox"/> Panicked <input type="checkbox"/> Expansive
Click or tap here to enter text.			
11)	COGNITIVE-	<input checked="" type="checkbox"/> Generally intact <input type="checkbox"/> Intelligence level: <input type="checkbox"/> Above average; <input checked="" type="checkbox"/> Average; <input type="checkbox"/> Below Average; <input type="checkbox"/> Borderline; <input type="checkbox"/> Retarded	<input type="checkbox"/> Concentration difficulties <input type="checkbox"/> Knowledge limitations
Click or tap here to enter text.			
12)	THOUGHT PROCESS-	<input checked="" type="checkbox"/> Coherent <input type="checkbox"/> Loose associations <input type="checkbox"/> Racing <input type="checkbox"/> Indecisive	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Circumstantial <input type="checkbox"/> Confused <input type="checkbox"/> Perseverating <input type="checkbox"/> Unintelligible <input type="checkbox"/> Tangential <input type="checkbox"/> Slow processing <input type="checkbox"/> Derailment
Click or tap here to enter text.			
13)	PERCEPTIONS-	<input checked="" type="checkbox"/> No impairment <input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Visual hallucinations	<input type="checkbox"/> Olfactory <input type="checkbox"/> Flashbacks <input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealization <input type="checkbox"/> Illusions <input type="checkbox"/> Command hallucinations
Click or tap here to enter text.			
14)	THOUGHT CONTENT-	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Phobia <input type="checkbox"/> Poverty <input type="checkbox"/> Nihilistic	<input type="checkbox"/> Obsessive/compulsive <input type="checkbox"/> Persecutory <input type="checkbox"/> Bizarre <input type="checkbox"/> Sexual <input checked="" type="checkbox"/> Preoccupation <input type="checkbox"/> Somatic <input type="checkbox"/> Religiosity <input type="checkbox"/> Jealousy
Click or tap here to enter text.			
15)	ORIENTATION-	<input type="checkbox"/> Time <input type="checkbox"/> Purpose/situation	<input type="checkbox"/> Person <input type="checkbox"/> Place
Ox4			
16)	ATTENTION-	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Distractible	<input type="checkbox"/> Poor <input type="checkbox"/> Short
Click or tap here to enter text.			
17)	MEMORY-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired immediate <input type="checkbox"/> Impaired recent

☐ Impaired remote

Click or tap here to enter text.

18)	JUDGMENT-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired	<input type="checkbox"/> Impaired severely
Click or tap here to enter text.				
19)	INSIGHT-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired	<input type="checkbox"/> Impaired severely
Click or tap here to enter text.				
20)	ABSTRACTION-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired	<input type="checkbox"/> Impaired severely
Click or tap here to enter text.				
21)	APPETITE-	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Eating disorder	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to eat
Click or tap here to enter text.				
22)	SLEEP-	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Difficulty going to sleep	<input type="checkbox"/> Insomnia <input type="checkbox"/> Wakes up early	<input type="checkbox"/> Hypersomnia <input type="checkbox"/> Restless/wakes up often
Click or tap here to enter text.				
23)	NON-SUICIDAL SELF-INJURY-	<input checked="" type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Cutting Info: <input type="checkbox"/> Mild hesitation cuts; <input type="checkbox"/> Moderate; <input type="checkbox"/> Severe needing sutures	<input type="checkbox"/> Burning
Click or tap here to enter text.				
23)	SUICIDAL THOUGHTS-	<input checked="" type="checkbox"/> None <input type="checkbox"/> Plans <input type="checkbox"/> Family history of suicide	<input type="checkbox"/> Thoughts <input type="checkbox"/> Means	<input type="checkbox"/> Intent <input type="checkbox"/> Previous attempts

Ct shared that he has never attempted suicide in the past and is not currently suicidal.

SUBSTANCE USE HISTORY

ALCOHOL:	No Use <input checked="" type="checkbox"/>	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input type="checkbox"/>	Withdrawal potential <input type="checkbox"/>
Last Use: Click or tap to enter a date.					
AMPHETAMINE:	No Use <input checked="" type="checkbox"/>	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input type="checkbox"/>	Withdrawal potential <input type="checkbox"/>
Last Use: Click or tap to enter a date.					
CANNABIS:	No Use <input checked="" type="checkbox"/>	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input type="checkbox"/>	Withdrawal potential <input type="checkbox"/>
Last Use: Click or tap to enter a date.					
HEROIN:	No Use <input type="checkbox"/>	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input checked="" type="checkbox"/>	Withdrawal potential <input checked="" type="checkbox"/>
Last Use: Click or tap to enter a date.					
OTHER: Click or tap here to enter text.	No Use <input type="checkbox"/>	Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Heavy <input type="checkbox"/>	Withdrawal potential <input type="checkbox"/>
Last Use: Click or tap to enter a date.					
Comments:	Click or tap here to enter text.				

RISK ASSESSMENT

Suicide Risk:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Social Disturbance:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Judgment:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Danger to Others:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Alcohol/Drug Use:	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> High

Adjustment with anxiety and disturbance of conduct;
DIAGNOSIS: opiod withdrawal.

Mental Health Plan

- ☒ Refer to Jail mental health prescriber for medication management
- ☒ AIC to take prescribed medication
- ☐ Place AIC on suicide watch (intake, suicide clothes, blanket and camera, 15min watch)
- ☐ Place AIC on close observation (intake, camera, regular clothes, blanket, 30min watch)
- ☐ Place AIC in general population camera cell (housing, clothes, blanket, 1hr watch)
- ☒ Place AIC in general population (housing, double bunk, regular clothes, blanket, 1hr watch)
- ☐ Mental Health to pursue admission to inpatient psychiatric hospital
- ☐ Other: Click or tap here to enter text.
- ☐ Problems Observed: Click or tap here to enter text.

Recommended Treatment Plan for Deputies:

- ☒ Contact mental health with concerns and/or observations
- ☐ Keep AIC away from other AICs
- ☐ Other: Click or tap here to enter text.

Signature of Consultant: Misty Stebbins LPC

Date: 8/15/2022

Time: 1259pm

Federal regulations (42 CFR Part 2) and state law prohibit anyone from making any disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

One copy of all pages to be placed in AIC's medical file and the original of all pages is to be retained by the Mental Health Worker.

Name: GLASSMAN, BRANDON DOB: 6.14.02 Date: 8.3.22Allergies: NKDA**Mental Status:**

Appearance: Well-Groomed ☐ Casual ☒ Inapprop ☐ Bizarre ☐ Malodor ☐

Attitude: Cooperative ☒ Guarded ☐ Uncoop ☐ Belligerent ☐

Motor Activity: Calm ☐ Restless ☒ Hyper ☐ Agitated ☐

Affect: Appropriate ☒ Labile ☐ Expansive ☐ Constricted ☐ Blunted ☐ Flat ☐

Mood: Euthymic ☐ Depressed ☒ Anxious ☒ Cycling ☐

Speech: Normal ☒ Delayed ☐ Soft ☐ Loud ☐ Rapid ☐ Slurred ☐

Thought Process: Intact ☒ Circumst ☐ Tangential ☐ Loose ☐ Flighty ☐

Thought Content: No Halluc ☒ Auditory ☐ Visual ☐ Paranoia ☐ Delusions ☐ Grand ☐

Suicidal: None ☒ Ideas ☐ Plan ☐ Means ☐

Homicidal Ideation: None ☒ Ideas ☐ Plan ☐ Means ☐

Orientation: Person ☒ Place ☒ Time ☐ Gen Info ☐

Cognitive Fx intact: Spelling ☐ No ☐ Simple Calcs ☐ No ☐

Memory: Intact ☐ **Impaired:** Immed ☐ Recent ☐ Remote ☐

Judgment: Intact ☐ **Impaired:** Minim ☐ Moderate ☐ Severe ☐

Insight: Intact ☐ **Impaired:** Minim ☐ Moderate ☐ Severe ☐

Executive Functioning: Intact ☐ **Impaired:** Plan ☐ Organize ☐ Sequence ☐ Abstract ☐

Dx: MDD Plan: Zoloft 50mg po qd
Anx D/O NOS

S/O: Reports depression & anxiety. Hands are shaking
Reports night sweats

Signature: J. Ben Newman
 J. Ben Newman PMHNP

PROGRESS/CLINICAL NOTES

C:\WP51\LAYMAN\PROGRESS.FRM

PROGRESS/CLINICAL NOTES

DATE	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S=Subjective O=Objective A=Assessment P=Plans ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
8.3.22		S	PT. SEEN BY LCMH, B. NEWMAN PMHNP. _____
		O	SEE CONSULT ON FILE _____
		P	Rx x 1, F/U, SE
8.10.22	1535		HP COMPLETED. DENIED PENDING MD REVIEW OF SHOULDER & CHRONIC DISLOCATION, & RECENT ISSUES. For _____
8.11.22	1340		MD approved pt work status & review of physical _____
8.18.22	1350		MD reviewed weights/scheduled for one more reading _____
8.23.22		S	REVIEWED PT'S KITE DATED 8/22/22 w/ DR. BRAUN. _____
		P	OBTAINED ORDERS. _____ (KRE, N)
8.25.22		S	M.D. REVIEWED WTS _____
		P	CONT. ONE MORE WK. & THEN REVIEWED - Jhonken
8.28.22		S	MD REVIEWED BT WT. _____
		P	D/C'd WT ✓ _____ Jhonken
9.18.22			Rec'd consult dated 8/15/22 from M. Stebbins LCMH _____
			See consult on file _____
			Was cleared from SLW on that day & Released 9/8/22 0417 _____ GRIMES
9.14.22			
10/25/24	1419	S	PT IN MIND FOR I/S, REPORTS TAKING SUBSTANCE FOR OPICED DEPENDANCE, TRANSFER FROM MARIEN CO, MD RECEIVED, LAST DOSE W/STUDY DAY, CONCERNED ABOUT WEIGHT 137/51 - 108-14-99% 10-98-145lbs, BMI 20.22, UDS @ TRP A Alert/Oriented, answers questions appropriately/cooperates, transferring unharmed w/ R/L RT-R/LT, SKIN WARM/ROSY

PROGRESS/CLINICAL NOTES

PAGE NO. _____ SO# 409260 NAME: GILASEMAN, BRANDON

PROGRESS/CLINICAL NOTES

DATE	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S=Subjective O=Objective A=Assessment P=Plans ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
7-21-22	1500	S	PT SEEN IN W MED FOR 11S FENTANYL W/D. [NKDA] O D MED HX. USING 5-L "BULES" A DAY LAST USE YESTERDAY. Q/D N/V/O, BODYACHES & HOT/COLD SWEATS. DENIES HA. REFUSED CLIQ DIET. DENIES RECENT ISSUES W/ (R) SHOULDER DISLOCATIONS. O OTHER Q/D. O T 98.6 BP 112/80 P 96 R 14 SPO2 99% WT 126.6 A/D. C/C. CLEAR SPEECH. BRU. SKIN WARM/DRY/ (+) PUDORRECTION. PT IN NAD. ORAL MUCOSA PINK/MOIST. O ULCER HX. A RISK FOR DEHYDRATION. P SEE PD SHEET. ↑ FLUIDS. PUR COLLECTED. SCHED FOR PLU FENTANYL W/D IN AM. KOD
07/22/22	0947	S	Pt seen in MEDICAL TO F/U ON FENTANYL W/D, DURING DAY N/V/O, BODY ACHES, EATING/DRINKING A/L, DURING LEBUO DEIT O 107/76-108-14-98% ²⁰ -78°-12 SWS A Alert/Oriented, ANSWERS QUESTIONS APPROPRIATELY/COOPERATION, BEMTER UNUSUALLY W/ALL PATH/RETURN, SKIN WARM/OAT P ENCOURAGING FLUIDS, SCHEDULED FOR F/U, DURING DAY OTHER NEWS/CONCERNS, WILL KEEP MONITORING ANY FURTHER D.
07/23/22	0910	S	Pt seen in MEDICAL TO F/U ON FENTANYL W/D, DURING N/V/O, BODY ACHES, EATING/DRINKING O 119/83-115-14-98% ²⁰ -98.6 A Alert/Oriented, ANSWERS QUESTIONS APPROPRIATELY/COOPERATION, BEMTER UNUSUALLY W/ALL PATH/RETURN, SKIN WARM/OAT P Monitor D/C, PT TO KEEP ANY FURTHER D.

PROGRESS/CLINICAL NOTES

PAGE NO. CHART #2 SO# 409260 NAME: GLASSMAN, BRANDON

PROGRESS/CLINICAL NOTES

DATE	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S=Subjective O=Objective A=Assessment P=Plans ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
01/25/24	CONT	P	See ORDER SHEET, RELEASE MEDS ORDERED, UDS SCHEDULED, DUEL AND OTHER URGES/CANCELLATIONS, WILL KITE MEDS IN ONE FUTURE DS ————— <i>[Signature]</i>
1:30.24		⑤	MD SIGNED RELEASED MEDS: REVIEWED KITE —
		⑥	NO NEW ORDERS ————— <i>[Signature]</i>
2-14-24		③	Physical completed, see file — <i>[Signature]</i>
3/13/24		S	Pt seen by DMHNP —————
		O	See consult on file —————
		P	See ORDER SHEET, SCHEDULE FOR F/U — <i>[Signature]</i>
3-24-24	1522	S	PT WAS SCHEDULED FOR RANDOM UDS SUBOXONE 3-20.
		O	SEE LAB SHEET. —————
		P	PT TO KITE PRN. <i>[Signature]</i>
4.8.24		⑤	PT. SEEN BY B. NEWMAN PMHNP —————
		⑥	SEE CONSULT ON FILE —————
		⑦	Rx x1, DIC PRAZOSIN ————— <i>[Signature]</i>
4/12/24		S	During Subutex administration — ^{at mouth check} time, PT. was found to ^{to} have moderate amount of Subutex pushed up against ^{backside} inside of teeth (#23-26). PT asked to rinse mouth a second time. PT. completed poor attempt ^{at rinsing} to rinse mouth. Deputy Sile and this RN completed another mouth check w/ moderate amount of Subutex remaining behind his teeth as prior. Sile instructed PT ^{complete} to, rinse appropriately and to swish water between teeth. PT completed

PROGRESS/CLINICAL NOTES

PAGE NO. _____ SO# 409260 NAME: GUSMAN, BRANDON C.

Education for Workers

Wear gloves AND wash your hands after handling any bodily fluids (such as: feces, nasal secretions, sputum, urine, vomit, blood, semen, etc.) or unidentified spills/garbage. BG (initial)

****It is important that you wash hands even if you have been wearing gloves.** BG (initial)

Workers with diarrhea, cough, fever or any rashes/open sores must **report** the conditions **before** reporting to work. BG (initial)

Wash your hands: if returning to work after using the restroom, after blowing your nose, touching any body parts, and/or touching any potentially dirty surfaces. BG (initial)

I have read and understand the above instructions for universal precautions and handwashing.

Signature of Inmate Branden Glassman Date 2/14/24

PRINT NAME: Branden Glassman

(Second copy for inmate.)

LINN COUNTY JAIL HEALTH SERVICES HISTORY AND PHYSICAL UPDATE

NAME: GLASSMAN, BRANDON SO#: 409260 DOB: 6 / 14 / 02

Allergies: φ

☐ Allergy List Current in Chart

☐ See RN notes for Vital Signs

Weight 142.0 pounds

BP 120/81 R/L Pulse 84 Temp 97.8 T/PO Resp 14 SaO2 98 % 6'0 HET

☐ See RN notes for Presentation

Presentation: ☒ Ambulate to medical ☒ Normal gait ☒ Alert/Oriented ☒ No apparent distress ☐ Deputy escort
☒ Calm/Cooperative ☒ Interactive ☒ Pleasant
☐ Quiet ☐ Poor eye contact ☐ Withdrawn ☐ Tearful ☐ Agitated ☐ Animated ☐ Tense
☐ Distraught ☐ Slow/lethargic ☐ Restless/fidgety ☐ Appears anxious ☐ Tremors/Jittery

Date of last full LCSO physical: 3-18-21 Reviewed ☐ CHART #1

YES _____ NO X
 Any significant ☐ Illness, ☐ Injury or ☐ Surgery since last physical?
 If yes, describe:

_____ X
 Any ☐ Medical, ☐ Dental or ☐ Mental Health concerns which have not been reported?
 If yes, describe:

_____ X
 Any chance you could be pregnant? Comments:

_____ X
 Do you have any difficulty lifting 50 pounds?

_____ X
 Any current restrictions from a doctor limiting your ability to work?

_____ X
 Current/Recent/Open SAIF Claim?

_____ X
 Currently receiving SSI/SSD? For: _____

Comments: PT REPORTS φ RECENT SHOULDER DISLOCATIONS.

☐ Hx IV Drug Use ☐ Travel out of country/Immigration
☐ Hx homelessness ☐ Close contact w/ TB patient
☐ HIV/AIDS - Immunosuppressive Therapy

Last TB test: _____

☒ Denies risk factors ☐ Past Positive TB test

WORK STATUS: Approved 8/11/22 Denied _____

Denied Pending NO RVN OF SHOULDER DISLOC. HX

Evaluated by: 4

Date 8-10-22 Time 1535

EDUCATION & HANDOUTS

NB 8/11/22

Education for Workers

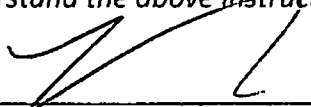
Wear gloves AND wash your hands after handling any bodily fluids (such as: feces, nasal secretions, sputum, urine, vomit, blood, semen, etc.) or unidentified spills/garbage. PL (initial)

****It is important that you wash hands even if you have been wearing gloves.** PL (initial)

Workers with diarrhea, cough, fever or any rashes/open sores must **report** the conditions **before** reporting to work. PL (initial)

Wash your hands: if returning to work after using the restroom, after blowing your nose, touching any body parts, and/or touching any potentially dirty surfaces. PL (initial)

I have read and understand the above instructions for universal precautions and handwashing.

Signature of Inmate  Date 7/10/22

(Second copy for inmate.)

History and Physical

YES

NO

Any significant ☐ Illness ☐ Injury or ☐ Surgery since last physical?

If yes, describe:

Any ☐ Medical ☐ Dental or ☐ Mental Health concerns which have not been reported?

If yes, describe:

Females, Any chance you could be pregnant? *Comments:*

Do you have any difficulty lifting 50 pounds?

Any current restrictions from a doctor limiting your ability to work?

Current/Recent/Open SAIF Claim (workers comp)?

Currently receiving SSI/SSD? For: _____

Comments:

Ø

Linn Co. Jail Health Services **Physical Assessment**

Date: ___/___/___ Time: 1426Name: Glassman SO# _____ DOB: 6/14/02BP 128/90 HR 91 RR 14 SaO₂ 98 % Temp 99.5 Ht. 6'1" Wt. 158 lbs.
L/R tymp/oral stated/ actual**ALLERGIES:**Current in Chart ☐**General Presentation**

- ☒ Ambulate to medical ☒ Normal gait ☒ Alert/Oriented
☒ Calm/Cooperative ☒ In no apparent distress
☐ Deputy escort
☐ Other:

☐ Last Physical Reviewed _____ date**Eyes/Ears**

- ☒ No complaints ☒ No apparent difficulties
☐ Significant vision difficulties ☐ Difficulty reading
☐ Significant hearing difficulties
☒ FERRLA

Dental Screening

- ☒ No complaints ☒ No signs/symptoms of infection

Oral Mucosa: ☒ Pink, Moist ☐ Dry ☐ Other: _____

- ☐ Decayed/Broken Teeth ☐ Missing Teeth
☐ Edentulous ☐ Dentures: ☐ Upper ☐ Lower
☐ Patient concerns:

☐ Oragel/Salt ☐ Dental Protocol ☐ To See Dentist E / NE**Back/Brain**

- ☐ Stroke, TBI, Seizures
☒ Denies significant injury/surgery
☒ Able to lift 50 lbs.
☐ Other:

Extremities

- ☒ No complaints ☒ No difficulties observed
☐ Other:

Heart/Lungs

- ☐ Heart Attack, Heart Disease
☐ High Blood Pressure
☐ Asthma, COPD, Emphysema
☒ LSC ☒ Heart Tones WNL ☒ Breathing easy/even
☐ Other:

Skin/Endocrine

- ☐ Diabetes
☐ Splenectomy
☒ Denies complaints ☒ No visible abnormalities
☒ Warm/Dry
☐ Other:

Abdomen

- ☐ Ulcers, Gerd ☐ Kidney/Liver Disease
☐ Cirrhosis, Varices, Hepatitis: ☐ A ☐ B ☐ C
☒ Denies concerns ☒ BT's WNL ☒ Soft ☒ Non-Tender
☒ "Normal" eating/drinking
☒ "Normal" BMs Last BM: 2/13/24
☐ Other:

TB Comments

- ☐ Hx IV Drug Use ☐ Travel out of country/Immigration
☐ Hx homelessness ☐ Close contact w/ TB patient
☐ HIV/AIDS – Immunosuppressive Therapy
 Last TB test: Month ago / Marion Co
☒ Denies risk factors ☐ Past Positive TB test
☐ Needs PPD ☐ PPD Given

☐ See Chart ☐ BPx3 ☐ Review w/ MD ☐ Scheduled w/LCMH ☐ Scheduled w/PMHNP ☒ Education/Handouts
Work Status: ☒ Approved ☐ Denied ☐ Denied Pending: _____Completed By: [Signature]

MD Review

Pg2

User: Q61765

LINN COUNTY SHERIFF'S OFFICE

01/25/2024 04:36:11

Inmate Medical Screening

Inmate: GLASSMAN, BRANDON CHARLES Race: W Sex: M DOB: 06/14/2002 SSN: 544-73-2077

Booking #: 372397 Booking Officer: PASSARGE, J. D. Date/Time: 01/25/2024 03:53

Screening Officer: PASSARGE, J. D. Date: 01/25/2024 04:33:30

Reviewed By (Nurse): Date:

Q. #	Question	Answer	Notes
1	Is the inmate conscious? (Oriented to person, place and time?)	Y	
2	Is the inmate cooperative? (If no, explain.)	Y	
3	Is there evidence of fever, swollen lymph nodes, jaundice or vermin? (If yes, contact medical and keep inmate isolated until medical can evaluate.)	N	
4	Does the inmate appear to be under the influence of alcohol or drugs? (If yes, ensure BAC is .29 or lower and notify medical.)	N	
5	Does the inmate's behavior suggest risk of suicide? (If yes, put in suicide prevention smock and contact mental health.)	N	
6	Any visible signs of trauma, bleeding, vomiting, or diarrhea?	N	
7	Has the inmate been in a car accident in the last 48 hours? (If yes, notify medical.)	N	
8	Has the inmate been the victim of assault in the last 48 hours?	N	
9	Prescribing doctor and pharmacy? (Doctor's name and pharmacy location.)	N	
10	Current medications? (If yes, describe medications.)	Y	sabaxon 7
11	Do you have any medication allergies?	N	
12	Are you having current suicidal thoughts? (If yes, start protocol but indicate in notes if they have a plan.)	N	
	If no, proceed through screening.		
13	Have you had any past suicidal thoughts or attempts? (If yes, indicate answers in notes.)	N	
14	Do you use alcohol or drugs? (If yes, what and when was the last time used?)	Y	fentanyl 7
17	Do you expect to go through any withdrawals while in the facility?	N	
18	Do you use IV drugs or share needles?	N	
19	In the last 12 months, have you had 4 or more alcoholic drinks in any one day?	N	
20	In the last 12 months have you used any recreational drugs?	N	
21	In the last 12 months have you used prescription drugs for non-medical reasons?	N	
22	Do you take psychotropic meds?	N	
23	Do you have a therapist, mental health provider or psychiatric doctor? (If yes who and where are they at?)	N	
24	Have you had surgery within the last 12 months? If yes, what type?	Y	left shoulder
25	Are you pregnant or have you delivered a baby in the last 6 weeks? (If yes, how far along?)	N	

Inmate: GLASSMAN, BRANDON ARLES Race: W Sex: M DOB: 01/14/2002 SSN: 544-73-2077

Booking #: 372397 Booking Officer: PASSARGE, J. D. Date/Time: 01/25/2024 03:53

Screening Officer: PASSARGE, J. D. Date: 01/25/2024 04:33:30

Reviewed By (Nurse): Date:

Q. #	Question	Answer Notes
26	Are you currently experiencing night sweats, unexplained weight loss, fever and/or persistent cough or coughing with blood? (IF YES, to 2 or more, keep isolated and contact nursing staff)	N
27	Do you have any food allergies?	N
28	Do you have any problems moving your arms, legs, neck or back?	N
29	Do you have any other health problems or special dietary needs? (IF YES, describe in notes.)	N
30	To obtain health care while in the facility, submit a medical request form. Do you know how to do this?	Y
31	While in jail have you ever been a victim of sexual assault or harrassment? (IF YES: When / Where/ Was it reported?)	N
32	Do you have or wear any of the following: Glasses/Contacts, Dentures, Braces or Casts? (IF YES, explain in notes)	N
33	Do you have hearing impairment or deafness diagnosis?	N
35	Do you have any impairments with your vision or are you legally blind?	N
37	Do you have any mobility impairments?	N
39	(OBSERVATION ONLY) Does there appear to be any intellectual disability?	N
41	CIRCLE YES OR NO FOR EACH QUESTION BELOW	Y
42	Do you currently have: Heart Disease High Blood Pressure Diabetes or Insulin Use	N Y/N Y/N Y/N
43	Do you currently have: Skin problems Asthma Emphysema	N Y/N Y/N Y/N
44	Do you have a history of seizures? Do you have: Ulcers Bleeding Disorder	N Y/N Y/N Y/N
45	Do you have: Coughing with blood Kidney problems Dental pain	N Y/N Y/N Y/N
46	Do you have a history of STD's? Do you have HIV or AIDS? Do you have Hepatitis A? Do you have Hepatitis B? Do you have Hepatitis C?	N Y/N Y/N Y/N Y/N
47	Do you have tuberculosis? Have you had or do you have: Back injuries	N Y/N Y/N

Inmate: GLASSMAN, BRANDON CHARLES Race: W Sex: M DOB: 5/14/2002 SSN: 544-73-2077

Booking #: 372397 Booking Officer: PASSARGE, J. D. Date/Time: 01/25/2024 03:53

Screening Officer: PASSARGE, J. D. Date: 01/25/2024 04:33:30

Reviewed By (Nurse): Date:

Q. #	Question	Answer Notes
	Head injuries <input checked="" type="radio"/> Y <input type="radio"/> N	
48	Do you currently have arthritis? <input checked="" type="radio"/> Y <input type="radio"/> N	N
	Are you transgender? <input checked="" type="radio"/> Y <input type="radio"/> N	
	Have you ever had a positive TB test? <input checked="" type="radio"/> Y <input type="radio"/> N	
	Do you have any OB/GYN problems? <input checked="" type="radio"/> Y <input type="radio"/> N	
50	Any other medical questions or concerns (add any observations or other information here)?	N
51	Have you had any vaccination for COVID-19?	N
53	If eligible, would you be interested in receiving the COVID-19 vaccination while in custody?	N

(Confinement Code: PC)

Total 'YES' Answers: 7 Total 'NO' Answers: 38 Total 'REFUSE' Answers: 0

Signature of Classification Officer

X

Signature of Inmate

User: Q46870

LINN COUNTY SHERIFF'S OFFICE

07/21/2022 13:05:00

Inmate Medical Screening

Inmate: GLASSMAN, BRANDON CHARLES Race: W Sex: M DOB: 06/14/2002 SSN: 544-73-2077

Booking #: 365124 Booking Officer: BERGER, N. W. Date/Time: 07/21/2022 12:27

Screening Officer: BERGER, N. W. Date: 07/21/2022 13:01:13

Reviewed By (Nurse): Date:

Q. #	Question	Answer	N	COVID-19 Test
1	Is the inmate conscious? (Oriented to person, place and time?)	Y		Patient ID: glassman Date: 13/Aug/2022 Time: 18:21 COVID-19: Negative Procedural control valid Lot number: 1071740 Test ID: 1cf59110-475b-49 Oc-9f63-584529f81625 User ID: laarnie Instrument serial number: B3CDDC1C
2	Is the inmate cooperative? (If no, explain.)	Y		
3	Is there evidence of fever, swollen lymph nodes, jaundice or vermin? (If yes, contact medical and keep inmate isolated until medical can evaluate.)	N		
4	Does the inmate appear to be under the influence of alcohol or drugs? (If yes, ensure BAC is .29 or lower and notify medical.)	N		
5	Does the inmate's behavior suggest risk of suicide? (If yes, put in suicide prevention smock and contact mental health.)	N		
6	Any visible signs of trauma, bleeding, vomiting, or diarrhea?	N		ID NOW
7	Has the inmate been in a car accident in the last 48 hours? (If yes, notify medical.)	N		
8	Has the inmate been the victim of assault in the last 48 hours?	N		
9	Prescribing doctor and pharmacy? (Doctor's name and pharmacy location.)	N		
10	Current medications? (If yes, describe medications.)	Y		suboxone, used it last week
11	Do you have any medication allergies?	N		
12	Are you having current suicidal thoughts? (If yes, start protocol but indicate in notes if they have a plan.)	N		
	If no, proceed through screening.			
13	Have you had any past suicidal thoughts or attempts? (If yes, indicate answers in notes.)	N		
14	Do you use alcohol or drugs? (If yes, what and when was the last time used?)	Y		Uses Fentanyl (blues). used yesterday, uses daily 5-6 pills.
17	Do you expect to go through any withdrawals while in the facility?	Y		yes
18	Do you use IV drugs or share needles?	N		
19	In the last 12 months, have you had 4 or more alcoholic drinks in any one day?	N		
20	In the last 12 months have you used any recreational drugs?	Y		Yes
21	In the last 12 months have you used prescription drugs for non-medical reasons?	N		
22	Do you take psychotropic meds?	N		
23	Do you have a therapist, mental health provider or psychiatric doctor? (If yes who and where are they at?)	N		
24	Have you had surgery within the last 12 months? If yes, what type?	N		
25	Are you pregnant or have you delivered a baby in the last 6 weeks? (If yes, how far along?)	N		

COVID-19 Test

Patient ID: GLASSMAN BRANDON
Date: 24/Jul/2022
Time: 10:16COVID-19: Negative
Procedural control validLot number: 1071740
Test ID: 880ebae3-1a50-45
53-984c-d61c7a14681a
User ID: tina
Instrument serial number: B3CDDC1C

ID NOW

Inmate: GLASSMAN, BRANDON C. LES Race: W Sex: M DOB: 06/20/2002 SSN: 544-73-2077

Booking #: 365124

Booking Officer: BERGER, N. W.

Date/Time: 07/21/2022 12:27

Screening Officer: BERGER, N. W.

Date: 07/21/2022 13:01:13

Reviewed By (Nurse):

Date:

Q. #	Question	Answer Notes
26	Are you currently experiencing night sweats, unexplained weight loss, fever and/or persistent cough or coughing with blood? (IF YES, to 2 or more, keep isolated and contact nursing staff)	N
27	Do you have any food allergies?	N
28	Do you have any problems moving your arms, legs, neck or back?	N
29	Do you have any other health problems or special dietary needs? (IF YES, describe in notes.)	N
30	To obtain health care while in the facility, submit a medical request form. Do you know how to do this?	Y
31	While in jail have you ever been a victim of sexual assault or harrasment? (IF YES: When / Where/ Was it reported?)	N
32	Do you have or wear any of the following: Glasses/Contacts, Dentures, Braces or Casts? (IF YES, explain in notes)	N
33	Do you have hearing impairment or deafness diagnosis?	N
35	Do you have any impairments with your vision or are you legally blind?	N
37	Do you have any mobility impairments?	N
39	(OBSERVATION ONLY) Does there appear to be any intellectual disability?	N
41	CIRCLE YES OR NO FOR EACH QUESTION BELOW	Y
42	Do you currently have:	N
	Heart Disease Y/N	
	High Blood Pressure Y/N	
	Diabetes or Insulin Use Y/N	
43	Do you currently have:	N
	Skin problems Y/N	
	Asthma Y/N	
	Emphysema Y/N	
44	Do you have a history of seizures? Y/N	N
	Do you have:	
	Ulcers Y/N	
	Bleeding Disorder Y/N	
45	Do you have:	N
	Coughing with blood Y/N	
	Kidney problems Y/N	
	Dental pain Y/N	
46	Do you have a history of STD's? Y/N	N
	Do you have HIV or AIDS? Y/N	
	Do you have Hepatitis A? Y/N	
	Do you have Hepatitis B? Y/N	
	Do you have Hepatitis C? Y/N	
47	Do you have tuberculosis? Y/N	N
	Have you had or do you have:	
	Back injuries Y/N	

Inmate: GLASSMAN, BRANDON C. LES Race: W Sex: M DOB: 07/21/2002 SSN: 544-73-2077

Booking #: 365124 Booking Officer: BERGER, N. W. Date/Time: 07/21/2022 12:27

Screening Officer: BERGER, N. W. Date: 07/21/2022 13:01:13

Reviewed By (Nurse): Date:

Q. #	Question	Answer Notes
	Head injuries	Y/N
48	Do you currently have arthritis?	Y/N N
	Are you transgender?	Y/N
	Have you ever had a positive TB test?	Y/N
	Do you have any OB/GYN problems?	Y/N
50	Any other medical questions or concerns (add any observations or other information here)?	N
51	Have you had any vaccination for COVID-19?	N
53	If eligible, would you be interested in receiving the COVID-19 vaccination while in custody?	N

(Confinement Code: WAR)

Total 'YES' Answers: 8 Total 'NO' Answers: 37 Total 'REFUSE' Answers: 0



Signature of Classification Officer



Signature of Inmate